Abdominal Examination Checklist - 2019

Task	Degree	Case 1	Case 2	Case 3
WIPER(**W**ash your hand, **I**ntroduce yourself, **P**ermission, **E**xposure from nipple to knee,**R**eposition(for u..Rt side& pt)	0.25			
Ask about name & age then go to the end of bed				
General Inspection: **ABCDE** A. Appearance(well/unwell),Alertness(conscious,..) B. Posture & ***Body built***(looks well nourished or small for his age but I need to plot his weight & height on a centile chart according to age) C. Colours(cyanosis, pallor & jaundice), Cutaneous manifestations(bruises, petechiae, café lat spots, rash as dermatitis herpatiformis or telangiectasia) D. *Distress,* ***Dysmorphic*** features & Dehydration. E. **Equipment**(canula, NGT, gastrostomy tube, Foley's catheter or nappies in older child)	0.5			
Hands: ***stigmata of chronic liver diseases*** Anterior: ***pallor***, palmar erythema, spider naevi & muscle wasting & deformity Posterior: koilonychias & leukonychia, ***clubbing***, scratching marks then Pulse, flapping tremors & xanthoma	0.5			
Face: ***pallor-jaundice-central cyanosis***-blue sclera-Kayser Fleischer rings **Mouth**(lip→gum→teeth→tongue→buccal cavity & palate): fetor hepaticus-cheilitis-gum hypertrophy-dental caries-***tongue***(colors, coating, glossitis or macroglossia)- ***ulcers*** or ***pigmentations***	0.5			
Neck: ***Lymph nodes palpation*** from behind, other swelling or pulsations Chest: gynacomastia,spider naevi, scratching marks or dilated veins	0.25			
Inspection: <u>CRUSH</u> **1- Contour of abdomen**(generalized or localized distension or masses, flat or scaphoid) **2- Respiratory movements** **3- Umbilicus**(inverted or everted, midposition od shifted, discharge, caput medosa & hernia) **4- Skin manifestations(3S2P1D)**: Scar, Striae, Stoma, Visible Peristalsis, Pigmentations or Dilated Viens **5- Hernia orifices & Genitalia(ambiguous genitalia)**	0.5			
Palpation: distract the child, be gentle & flex the knee & hip to relax muscles & get down to the level of child 1- **Warm** your hands & **Warn** the child you will palpate his tummy **2- Ask about pain** **3- Superficial Palpation(9 regions):** for tenderness, tone of abdominal wall muscles(guarding or rigidity) & masses (from LIF Z-shape) 4- **Deep Palpation(9 regions):** for organomegaly or palpable mass 5- **Liver(from RIF with breathing) <u>ECSSPT</u>:** Edge(regular or irregular), Consistency(soft, firm or hard), Surface(smooth or nodular), Span, Tenderness or Pulsation. **6- Spleen(from RIF & in infants from LIF with breathing):** Edge,Consistency, Surface, Notch, Unable to get above it & Movement on respiration & Size below costal margin at MCL & dull to percussion **If uncertain is it palpable**(use bimanual approach & turn the child to Rt side & palpate with inspiration) **7- Kidney:** bimanually palpable, ballotable, doesn't move move with respiration & can get above it & resonant to percussion **8- Masses:** position, size, consistency, shape & motility	2			
Percussion: for liver(upper & lower border to record span), spleen(lower border) & ascites(by shifting dullness & fluid thrill if abdomen distended or there are signs of CLD, hepatomegaly or edema elsewhere)	0.25			
Auscultation: 1- Bowel sounds (increased or abscent) 2- Arterial bruit over the aorta & the renal angle(RAS) 3- Venous hum over RUQ if liver enlarged(continuous & softer then bruit): in portal HTN	0.25			
Back: scars, spines (for deformit & spina bifida/occulta) & lung bases	0.25			
Lower limbs: edema, clubbing	0.25			
Cover the patient & thanks	0.25			
I would like to examine the genitalia, the anal area(including skin tags, stool examination) & perform a rectal examination to complete the abdominal examination as well as plotting the height & weight on a centile chart, checking other vital signs & send for urine sample.	0.25			
Summary **-› First mention a general observation:** ex: Saleh looking ill, small for his age with NGT **-› Always mention(present or not):** jaundice,anemia & clubbing **-› Mention only if present:** other findings as scars,spider naive or umbilical hernia,… **-› Then** mention findings on exam. of abdomen itself(ex: the abdomen was generally soft & non tender apart from a smooth mass palpable 5 cm below the right costal margin which moved with respiration, could not be got above it & was dull to percussion with no abnormal associated sounds.These findings are consistent with hepatomegaly**)**	0.5			
Positive findings detection	1.5			
Discussion(D.D & Management)	2			

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References: 1- MRCPCH Clinical, 3rd Edition
2- Postgraduate clinical Examination, 3rd Edition
3- MRCPCH Clinical Exam Made Simple
4-Pediatric Exams; A Survival Guide, 2nd Edition
5- Examination Pediatrics, 4th Edition
6-Pediatric OSCE Stations,Dr. Zuhair Almusawi
7- Checklist & Notes of Dr.Ahmed Hudnah, Dr.Ahlam Abdulmalik, Dr. Afrah Almurtadha, Dr.Samed Alsalemi & Dr M Aqlan